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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY BOCKET NO. CONFIRMATION NO. 10/006,651 12/10/2001 J. Paul Goll 12013/61702 2335  TITLE OF INVENTION: NEEDLE-LESS INJECTION APPARATUS AND METHOD  APPLICATION FIRST SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(s) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 07/28/2005  EXAMINER ART UNIT CLASS-SUBCLASS  MENDEZ, MANUEL A 3763 604-068000  1, Change of correspondence address or indication of "Fee Address" (37 CFR 1.56.)  CRF 1.56.)  Change of correspondence address or indication of method of the patent front page, list (27 Longe of correspondence address or indication form PTO/SB/12; Batched.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If no name is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Maple Grove, MN  Please check the appropriate assignce category or categories (will not be printed on the patent):   A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The princetor of the USPTO is requested to apply the lisue Fee and Publication Fee (if required will not be expected from anyone other than the applicant, a registered attorney or agent; or the assignee or other pravince tracts as shown by the records of the USPTO is requested to apply will not be excepted from anyone other than the ap		A Y	de s	<b>3</b>			(Depositor's name
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MENDEZ, MANUEL A  3763  604-068000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  BOSTON SCIENTIFIC SCIMED, INC.  BY Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  Advance of Correspondence address (or Change of Correspondence address) (and the patent of the patent attorneys or agents. If no name is listed, no name will be printed.  1. KENYON & KENYON  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents. If no name is listed attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Maple Grove, MN  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby auth	nonprovisional	NO	\$1400		\$300	\$1700	07/28/2005
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